LICENSE APPLICATION—UTAH

All	lice	nses are issued through the Utah Insurance De	epartment. Submit all forms and fees	to the Department.			
1.		Do you hold or have you ever held an insurance license issued by Utah or any other state? <i>If "YES," provide:</i>				□ No	
	Sta	ate License Number	Type of License	Original Issue Date	Expiration	Date	
2.	Che	eck one: Are you taking this examination to:	☐ Qualify for a license in Utah for the ☐ Add a line of authority to an existin				
3.	Che	eck the box for the license for which you are apply	ving.	er 🔲 Adjuster	☐ Consu	ıltant	
4.	Check the box for the line of authority for the class for which you are applying. (Check only one line per application. Exception: applicants who are NASD registered in Utah may check both the life and variable contract lines of authority. If variable contracts is checked, applicant must provide proof of NASD registration—current CRD Form showing Utah approval.) Life Accident/Health Property/Casualty Mktg. Rep. Title Variable Contracts (attack)				h Life, Accident/Health Title Escrow Workers Comp NASD proof)		
5.	A)	A) Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?				□ No	
		"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.					
	If you answer yes, you must attach to this application:						
 a) a written statement explaining the circumstances of each incident; b) a copy of the charging document; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 							
	B)	Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?					
		"Involved" means having a license censured, suspended, revoked, canceled or terminated; OR being assessed a fine, placed on probation or surrendering a license to resolve an administrative action; being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license; OR having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident;					
		 a) a written statement identifying the type of incense and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 					
sign	ed c	nswered "YES" to any of the above questions in omplete written explanation, and have your applicate to take the examination. Please send all information	cation reviewed by the Utah Insurance D	epartment. Upon approval of	the application	ation, you may	
Utah Insurance Department State Office Building, Room 3110 Salt Lake City, UT 84114							
you alor	r So ng wi	Issuance: After you pass your exam, send the appear of a security number on your check or money of ith your fees (see "Applying for a License," Page 7.	rder.) If you applied by fax, phone or In				
Read the following statements and sign.							
I he	 I hereby certify that: I have read and understand the above instructions. I am a resident of the state of Utah. All the information I have supplied in this application is complete and true to the best of my knowledge and belief, and I acknowledge that any misrepresentation or misstatement of facts shall be cause for denial or revocation of this license. By signing this application, I hereby authorize the commissioner to make inquiry of any person or state or federal agency regarding the applicant on this application. 						
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Dat	c	Signature					